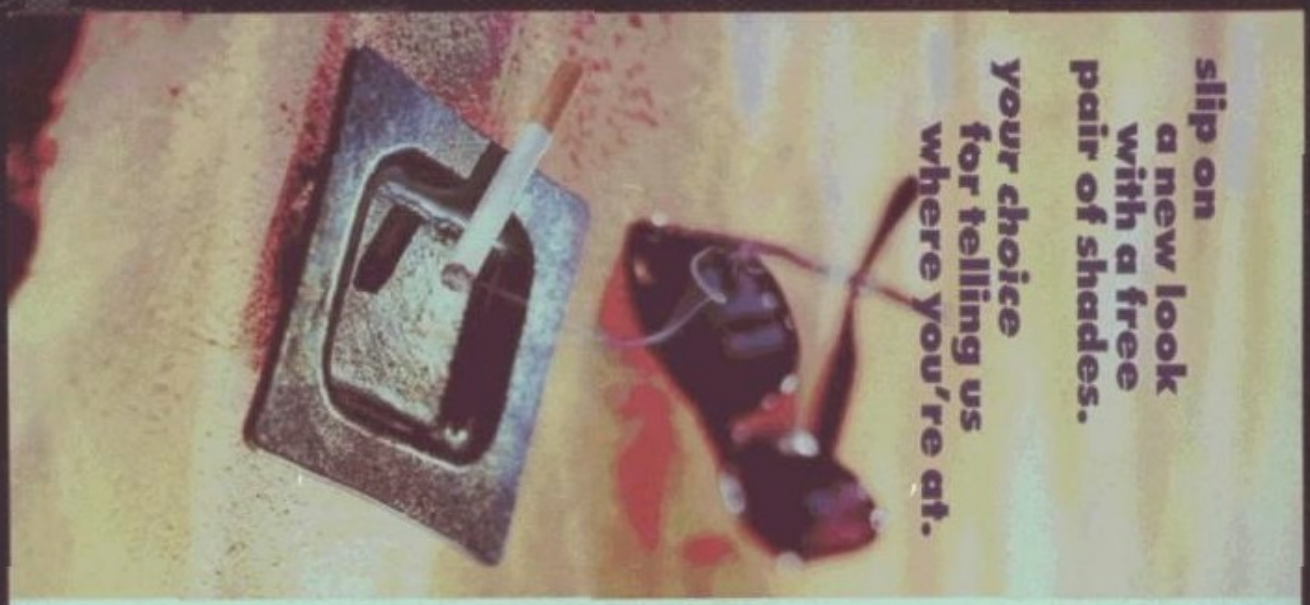

detach here.

detach here.

WHAT YOU WANT. CHECK THE BOX THAT'S YOU.

who you are.

FOR SMOKERS AGE 21 AND OVER.

PLACE OUTSIDE ADDRESS LABEL HERE TO GET YOUR SHADES.

Your label contains your Official Shades I.D. Number.

Use the lines below to print name and address corrections only.

By responding to the following survey and signing below, I certify that I am a cigarette smoker 21 years of age or older. I am also willing to receive free samples of cigarettes and incentive items in the mail, subject to applicable state and federal law.

SIGNATURE (required) _____ BIRTHDATE (required) ___/___/___

Free Sunglasses Offer: Void and February 28, 1995. Please allow 8 to 10 weeks for delivery. Only one gift per household accepted. Void where prohibited, taxed or restricted. Offer good only in U.S. Consumer Survey Associates, Inc. reserves the right to substitute a comparable gift. Offer limited to smokers 21 years of age or older.

what you like.

1. What is your regular brand of cigarettes – that is, the brand you smoke most often?
_____ (brand name)

2. Is your regular brand...? (Check one.)
☐ Regular/King Size, ☐ 100s, or ☐ 120s

3. Is your regular brand...? (Check one.)
☐ Menthol or ☐ Non-Menthol

4. Is your regular brand...? (Check one.)
☐ Filter or ☐ Non-Filter

5. Is your regular brand...? (Check one.)
☐ Lowest/1 mg. tar ☐ Ultra/Extra Low Tar
☐ Light/Mild ☐ Medium ☐ Full Flavor

6. Do you usually buy it by the...?
☐ Pack ☐ Carton ☐ Both Ways

7. What, if any, was your previous brand?
_____ (brand name)

8. Which of the following best describes you? (Check one in each column.)

☐ African American	☐ Professional
☐ American Indian	☐ Self-employed
☐ Asian	☐ Homemaker
☐ Caucasian	☐ Skilled Labor
☐ Hispanic	☐ Civil Service
☐ _____ (other)	☐ _____ (other)

9. Are there other smokers in your household, 21 years of age or older, who are willing to receive free samples of cigarettes and incentive items in the mail? Please print full names and birthdates.

_____ (first name) _____ (M.I.) _____ (last)
_____ (birthdate)
_____ (first name) _____ (M.I.) _____ (last)
_____ (birthdate)

DMSO

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